POST 2-251 (Rev 02/2018)

# Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California Peace Officer**, in accordance with POST Commission Regulation 1953.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
- Following instructions given by the hiring department, provide the completed form to your background investigator
  or the agency to which you are applying. Do NOT send the form to POST.

#### Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

#### **Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.	
Signature:	Date:

1. YOUR FUL	1: PERSONAL											
	L NAME		_									
LAST				TIRST				MIDDLE				
2. OTHER NA	AMES YOU HAVE USE	O OR BEEN KNOWN	N BY (INCLUDE MAIDE)	N NAME AND	) NICKNAMES)							□ N/A
3. ADDRESS	WHERE YOU LIVE											
NUMBER /	STREET							APT / UNIT				
CITY								STATE	ZIP			
4. MAILING A	DDRESS, IF DIFFERE	NT FROM ABOVE (F	FOR EXAMPLE, PO BO	OX)								
5. CONTACT			, \			/	\	_	1			
HOME (	)	WORK (	( )	EXT		HER (	)		CELL	FAX	(	
6. CONTACT	EMAIL			7. LIST A	LL OTHER EMAIL ADDR	RESSES (	(SEPARATED BY (	COMMAS)				
8. CITIZENSH	HIP			1								
Are you	a U.S. citizen?									🔲 Y	es	☐ No
IF NO, a	re you a resident	alien who is elig	ible and has appli	ied for U.S	. citizenship?					🔲 Y	es	☐ No
9. BIRTH PLA	ACE (CITY / COUNTY /	STATE / COUNTRY	Y)									
10. BIRTHDAT	E (MM/DD/YYYY)	11. SOCIAL SECU	IRITY NUMBER 1	12. DRIVER'S	LICENSE							
		_	_	NUMBER:			STAT	E:	EXPIRES	:		
13. PHYSICAL	DESCRIPTION											
HEIGHT:		WEI	GHT:		HAIR COLOR:			EYE C	OLOR:			
SECTION	2: RELATIVES											
14. IMMEDIA		AND REFERE	ENCES									
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POST 2-251 (Rev 2/2018)

SECTIO	SECTION 2: RELATIVES AND REFERENCES continued									
14.C Par	ents /	Guardians / In-laws								
List	ALL p	parents/guardians/in-la	aws livin	g or deceased, including bio	ological, adoptive, foste	r, step-parents, etc.				
14.C.1 F	Parent	/ Guardian / In-law:	☐ Moth	ner	nother Step-father	☐ In-law ☐ Other:		Deceased		
NAME				HOME ADDRESS (NUMBER / STR	REET / APT)	CITY	STATE	ZIP		
		HOME PHONE		MAILING ADDRESS (IF DIFFEREN	NT	CITY	STATE	ZIP		
		( )		WALLING ADDITEOU (II DII I EREI	NI)		OTATE	211		
		WORK PHONE		CELL PHONE	EMAIL					
		( )		( )						
	Parent	/ Guardian / In-law:	☐ Moth	•		☐ In-law ☐ Other:		Deceased		
NAME				HOME ADDRESS (NUMBER / STF	REET / APT)	CITY	STATE	ZIP		
	-	HOME PHONE		MAILING ADDRESS (IF DIFFEREN	NT	CITY	STATE	ZIP		
		( )		WAILING ADDICESS (II DII I EKEI	NI)	CITT	STATE	ZIF		
		WORK PHONE		CELL PHONE	EMAIL					
		( )		( )						
14.C.3 F	_			ner 🗌 Father 🔲 Step-m	nother Step-father	☐ In-law ☐ Other:		Deceased		
NAME	AME			HOME ADDRESS (NUMBER / STF		CITY	STATE	ZIP		
	HOME PHONE MAILING ADDRESS (IF DIFFERENT)			NT)	CITY	STATE	ZIP			
	WORK PHONE CELL PHO			CELL PHONE	EMAIL					
		( )		( )	( )					
14.C.4 F	Parent	/ Guardian / In-law:	☐ Moth	ther		☐ In-law ☐ Other:		Deceased		
NAME				HOME ADDRESS (NUMBER / STF	REET / APT)	CITY	STATE	ZIP		
		LIONE BUONE		MAN INC. ADDDESO: (IF DIFFEREN	NIT'	OUTV	07475	710		
		HOME PHONE ( )		MAILING ADDRESS (IF DIFFEREN	NI)	CITY	STATE	ZIP		
		WORK PHONE		CELL PHONE	EMAIL					
		( )		( )						
14.C.5 F	Parent	/ Guardian / In-law:	☐ Moth	L`′ ner ☐ Father ☐ Step-m	other Step-father	☐ In-law ☐ Other:		Deceased		
NAME				HOME ADDRESS (NUMBER / STF		CITY	STATE	ZIP		
		HOME PHONE		MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP		
		( )								
		WORK PHONE ( )		CELL PHONE	EMAIL					
		` ,		` ,		П. П.				
14.C.6 F	Parent	/ Guardian / In-law:	☐ Moth	ner		☐ In-law ☐ Other:	STATE	☐ Deceased		
					,					
		HOME PHONE		MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP		
( )										
	WORK PHONE			CELL PHONE EMAIL						
		WORK PHONE		CELL PHONE	EMAIL					

Supplemental relatives information included on page 25

SECTI	SECTION 2: RELATIVES AND REFERENCES continued								
14.D B	rothers	/ Sisters							□ N/A
Li	st <b>ALL</b> I	_IVING sibling	as. including	a half-	-siblings, step-siblings, foste	er-siblings, etc.			
NAME	gniiaic	j: 🔲 Brotne	I SISTE		Half-brother Half-siste		CITY	STATE	ZIP
10 1112				7102	THOME ABBITEOU (NOMBERY OF		0.1.1	0.7.1.2	
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		( )				,			
		WORK PHONE			CELL PHONE	EMAIL			
		( )			( )				
14.D.2	Sibling	ı: 🗌 Brothe	r 🗌 Siste	er [	Half-brother  Half-siste	r Dther:			
NAME					HOME ADDRESS (NUMBER / STF		CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		( )							
		WORK PHONE			CELL PHONE	EMAIL			
14.D.3	Sibling	: Brothe	r 🔲 Siste	er [	Half-brother Half-siste	r Dther:			
NAME					HOME ADDRESS (NUMBER / STF		CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		( )							
		WORK PHONE			CELL PHONE	EMAIL			
		( )			( )				
14.D.4	Sibling	: Brothe	r 🗌 Siste	er 🗆	Half-brother Half-siste	r  Other:			
NAME					HOME ADDRESS (NUMBER / STF		CITY	STATE	ZIP
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	NT)	CITY	STATE	ZIP
		( )							
		WORK PHONE			CELL PHONE	EMAIL			
		( )			( )				
Supple	mental	relatives infor	mation inc	luded	on page 25				
14.E C	hildren								□ N/A
		IVING childre	en includin	a nati	ıral adonted sten and/or.fu	oster care. Include any o	other children who reside with you. F	Provide	
					parent/guardian, if other that		I I I I I I I I I I I I I I I I I I I		
14.E.1	Child:	☐ Son [	Daughter		Other:				
NAME				AGE	CUSTODIAL PARENT/GUARDIAI	N (IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL	•	•	•
					( )				
14.E.2	Child:	Son [	 Daughter		Other:	<u>.</u>			
NAME				AGE	CUSTODIAL PARENT/GUARDIAI	N (IF OTHER THAN YOU)			
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP
					CONTACT NUMBER	EMAIL	•		•
					( )				

MAKE	SEC	SECTION 2: RELATIVES AND REFERENCES continued												
ADDRESS (NUMBER / STREET / APT)  TAKE A Child: Son Daughter Other:  NAME  AGE AGE  AGE OUTSTOURL PARENTIGULARDIAN (# OTHER THAN YOU)  ADDRESS (NUMBER / STREET / APT)  CONTACT NUMBER  AGE OUTY  STATE   2IP  CONTACT NUMBER   EMAIL    ( )  CONTACT NUMBER   EMAIL    ( )  SUpplemental relatives information included on page 25    15. LISTO PERFERENCES  • LIST TAID people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.  15.1 NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  NORR PHONE WORK ADDRESS (NUMBER / STREET / APT)  HOME PHONE CELL PHONE   EMAIL    ( )  How do you know this person?  HOME PHONE   WORK ADDRESS (NUMBER / STREET / APT)   CITY   STATE   2IP  NORR PHONE   CELL PHONE   EMAIL    ( )  HOW do you know this person?  HOME PHONE   CELL PHONE   EMAIL    ( )  How do you know this person?  HOME PHONE   CELL PHONE   EMAIL    ( )  How do you know this person?  HOME PHONE   CELL PHONE   EMAIL    ( )  HOW long have you known this person?			☐ Son	☐ Daughter										
14.E4   Child: Son Daughter Other.   Contract number   Contract	NAME				AGE	CUSTODIAL PARENT/GUARDIAN (I	IF OTHE	R THAN YOU)						
14.E4   Child: Son Daughter Other.   Contract number   Contract						ADDDESS (NI IMBED / STDEET / AD	OT\		CITY	STATE	7ID			
Contract Number   Contract N						ADDRESS (NUMBER / STREET / AP	-1)		CITY	SIAIE	ZIP			
Contract Number   Contract N						CONTACT NUMBER	EMAIL							
14.E.4 Child: Son Daughter Other:    ABE														
AGE   CUSTODIAL PARENT/GUARDIAN (F CTHER THAN YOU)  ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP  Supplemental relatives information included on page 25    15. LIST OF REFERENCES  • LIST 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.  15.1   NAME OF REFERENCE   HOME ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP    16.2   NAME OF REFERENCE   HOME ADDRESS (NUMBER / STREET / SUITE)   CITY   STATE   ZIP    16.3   NAME OF REFERENCE   HOME ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP    16.4   NAME OF REFERENCE   HOME ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP    16.5   NAME OF REFERENCE   HOME ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP    16.6   HOME PHONE   WORK ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP    16.7   HOME PHONE   CELL PHONE   EMAIL    (	14 E	Child	Пеор	□ Daughtor	. 🗆									
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Supplemental relatives information included on page 25  List 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.    NAME OF REFERENCE														
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15. UST OF REFERENCES  • List 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.  15.1    NAME OF REFERENCE						( )	)							
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CO-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.    15.1   NAME OF REFERENCE	15. LI	ST OF REFER	RENCES											
CO-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.    15.1   NAME OF REFERENCE		List <b>7-1</b>	<b>0</b> people w	ho know you	well, s	uch as close personal relation	nships.	, social and fan	nily friends, teachers, military collead	gues, an	d/or			
HOME PHONE   WORK ADDRESS (NUMBER / STREET / SUITE)   CITY   STATE   ZIP		co-work	ers. Do N	OT include rel	latives,	employers, housemates, or a	any inc	dividuals listed	elsewhere.					
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NAME OF REFERENCE	WORK PHONE			CELL PHONE		EMAIL								
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How do you know this person?  How long have you known this person?  How long have you known this person?  CITY  STATE ZIP  HOME PHONE () WORK ADDRESS (NUMBER / STREET / SUITE) () WORK PHONE () How do you know this person?  How long have you known this person?  How long have you known this person?			( )											
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NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  CITY  STATE ZIP  WORK PHONE ( )  How do you know this person?  How long have you known this person?			( )			( )								
NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  CITY  STATE ZIP  WORK PHONE ( )  How do you know this person?  How long have you known this person?			How do yo	ou know this per	son?				How long have you known this person?					
HOME PHONE ( ) WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP WORK PHONE ( ) How do you know this person? How long have you known this person?		NAME OF R	, i	<u> </u>		HOME ADDRESS (NUMBER / ST	TREET /	APT)			ZIP			
( )  WORK PHONE ( )  ( )  How do you know this person?  How long have you known this person?	15.3					(		,						
( ) ( )  How do you know this person? How long have you known this person?			HOME PHO	NE		WORK ADDRESS (NUMBER / ST	TREET /	SUITE)	CITY	STATE	ZIP			
( ) ( )  How do you know this person? How long have you known this person?			( )											
How do you know this person?  How long have you known this person?			WORK PHO	NE		CELL PHONE		EMAIL						
			( )			( )								
			How do yo	u know this por	con?				How long have you known this person?	)				
		····	,	iu kilow tilis pei	5011!						T			
NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	15.4	NAME OF R	EFERENCE			HOME ADDRESS (NUMBER / ST	IKEEI/	API)	CITY	STATE	ZIP			
HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP			HOME PHO	NE		WORK ADDRESS (NI IMBED / ST	TREET /	SUITE)	CITY	STATE	7IP			
( )			( )	.,.		WORK ADDICESS (NOWDER / S	INLLI/	JOIL)	OIT I	OTATE				
WORK PHONE CELL PHONE EMAIL			WORK PHO	NE		CELL PHONE		EMAIL		1				
			( )			( )								
						l								
How do you know this person?  How long have you known this person?			How do yo	ou know this per	son?				How long have you known this person?	'				

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HOME PHONE   WORK ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP	SECTION 2:	RELATIVES AND REFERENCE	ES continued				
HOME PHONE ( ) ( ) WORK PHONE ( ) How do you know this person? How long have you known this person?  How long have you known this person? How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?		REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
( ) WORK PHONE ( ) ( ) How do you know this person? How long have you known this person?  How long have you known this person?	15.5						
How do you know this person?		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
How do you know this person?		( )					
HOME PHONE   WORK ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP		WORK PHONE	CELL PHONE	EMAIL			
HOME PHONE   WORK ADDRESS (NUMBER / STREET / APT)   CITY   STATE   ZIP		( )	( )				
HOME PHONE   WORK ADDRESS (NUMBER / STREET / SUITE)   CITY   STATE   ZIP		How do you know this person?			How long have you known this person?		
HOME PHONE ( ) WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP  How long have you known this person?  How long have you known this person?  ISTATE ZIP  HOW PHONE ( ) How long have you known this person?  HOW long have you known this person?  ISTATE ZIP  HOME PHONE ( ) WORK PHONE ( ) How do you know this person?  How long have you known this person?  ISTATE ZIP  HOW PHONE ( ) HOW PHONE ( )  HOW PHONE ( ) HOW PHO		REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
( ) WORK PHONE ( ) ( ) How do you know this person?  HOW long have you known this person?	15.6						
How do you know this person?   How long have you known this person?		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
How do you know this person?   How long have you known this person?		( )					
NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?		WORK PHONE	CELL PHONE	EMAIL			
NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?		( )	( )				
HOME PHONE ( )  WORK PHONE ( )  How do you know this person?  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE)  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  WORK ADDRESS (NUMBER / STREET / SUITE)  WORK ADDRESS (NUMBER / STREET / SUITE)  WORK PHONE ( )  WORK PHONE ( )  HOME OF REFERENCE  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  HOME PHONE ( )  HOME OF REFERENCE  HOME PHONE ( )  HOME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / SUITE)  HOME PHONE ( )  HOW do you know this person?  How long have you known this person?		How do you know this person?			How long have you known this person?		
HOME PHONE ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  It is a limit of the phone work address (Number / Street / APT)  ( )  WORK PHONE ( )  HOME PHONE ( )  WORK ADDRESS (Number / Street / Suite) ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?  How long have you known this person?		REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?  CITY  STATE ZIP  WORK PHONE ( )  WORK PHONE ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?	15.7						
How do you know this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  CITY  STATE ZIP  HOME PHONE ( ) WORK ADDRESS (NUMBER / STREET / SUITE) CITY  STATE ZIP  WORK PHONE ( ) WORK PHONE ( ) How do you know this person?  How long have you known this person?		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
How do you know this person?  How long have you known this person?  How long have you known this person?  How long have you known this person?  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE) CITY  STATE ZIP  WORK PHONE ( )  How do you know this person?  How long have you known this person?		( )					
NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?		WORK PHONE	CELL PHONE	EMAIL			
NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?		( )	( )				
NAME OF REFERENCE  HOME ADDRESS (NUMBER / STREET / APT)  CITY  STATE ZIP  HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  ( )  WORK PHONE ( )  How do you know this person?  How long have you known this person?		How do you know this person?	•		How long have you known this person?		
HOME PHONE ( ) WORK ADDRESS (NUMBER / STREET / SUITE) ( ) WORK PHONE ( ) How do you know this person?  How long have you known this person?							
HOME PHONE ( )  WORK ADDRESS (NUMBER / STREET / SUITE)  WORK PHONE ( )  How do you know this person?  How long have you known this person?		REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
( )  WORK PHONE ( )  ( )  How do you know this person?  How long have you known this person?							
( ) ( )  How do you know this person? How long have you known this person?		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/SUITE)	CITY	STATE	ZIP
( ) ( )  How do you know this person? How long have you known this person?		( )					
		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT) CITY STATE   ZIP		How do you know this person?			How long have you known this person?		
		REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.9	15.9						
HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
WORK PHONE CELL PHONE EMAIL		WORK PHONE	CELL PHONE	EMAIL			
		( )	( )				
How do you know this person?  How long have you known this person?		How do you know this person?			How long have you known this person?		
NAME OF REFERENCE HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP		REFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP
15.10	15.10						
HOME PHONE WORK ADDRESS (NUMBER / STREET / SUITE) CITY STATE ZIP		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		( )					
WORK PHONE CELL PHONE EMAIL		WORK PHONE	CELL PHONE	EMAIL		<u> </u>	
		( )	( )				
How do you know this person?  How long have you known this person?		How do you know this person?		1	How long have you known this person?		

Supplemental references information included on page 25  $\ \square$ 

SEC	CTION 3:	EDUCATION							
•	NOTE:	You will be re	quired to furni	ish transcripts or other pro	of to support all	of your	educationa	I claims in Section	on 3.
•	If more s	pace is neede	ed, continue you	ır response on page 25.					
40.0	LIEOK ADDI	CARLE	1010000/		11110000	1			11110001
_	HECK APPL		MM/YYYY		MM/YYYY	-			MM/YYYY
L	J High Scho	ool Diploma:	/	High School Equivalency	Test: /	☐ Ca	lifornia High S	School Proficiency (	Certificate: /
17. L	IST HIGH SC	HOOL(S) ATTEN	DED						
	NAME OF H						F	ROM (MM/YYYY)	TO (MM/YYYY)
17.1								/	/
				CITY					STATE
	NAME OF H	GH SCHOOL					F	ROM (MM/YYYY)	TO (MM/YYYY)
17.2								/	/
				CITY			l .		STATE
10		I EGES AND LINI	VERSITIES ATTE	NDED					
10. L		OLLEGE/UNIVERS		NDED	FROM (MM/YYYY)	TO (MI	M/YYYY)	TOTAL UNITS COMP	LETED
18.1					/		/	☐ QTF	R SYSTEM SEM SYSTEM
		ADDRESS (NUM	BER / STREET)					DEGREE EAR	NED
								YES	NO TYPE:
		CITY				STATE	ZIP	MAJOR / AREA	A OF STUDY
	NAME OF C	OLLEGE/UNIVERS	SITY		FROM (MM/YYYY)	TO (MI	M/YYYY)	TOTAL UNITS COMP	LETED
18.2					/		/	QTF	R SYSTEM SEM SYSTEM
		ADDRESS (NUM	BER / STREET)					DEGREE EAR	NED
								YES	NO TYPE:
		CITY				STATE	ZIP	MAJOR / AREA	A OF STUDY
40.0	NAME OF C	OLLEGE/UNIVERS	SITY		FROM (MM/YYYY)	TO (MI	W/YYYY)	TOTAL UNITS COMP	LETED
18.3					/		/	QTF	R SYSTEM SEM SYSTEM
		ADDRESS (NUM	BER / STREET)			•		DEGREE EAR	
								YES	
		CITY				STATE	ZIP	MAJOR / AREA	4 OF STUDY
19. L	IST <b>ALL</b> TRA	DE. VOCATIONA	AL. AND BUSINES	S SCHOOLS / INSTITUTES ATTEN	NDED				
				SCHOOL/INSTITUTE		/M/YYYY)	TO (MM/YY	YY) DID YOU	COMPLETE THE COURSE?
19.1						/	/		☐ Yes ☐ No
		CITY			STA	TE TY	PE OF SCHOOL	OR TRAINING	
Supp	olemental e	ducation info	mation include	d on page 25	<u>'</u>				
LIST	ALL POST B	ASIC COURSES	ATTENDED						
20.	Have you	ever taken a P	C832 (Arrest a	nd/or Firearms) Course?					Yes No
	IF YES, pr	ovide the follo	wing information	n:					
		A. COURSE F	RESENTER NAME				LOCATION	(CITY / STATE)	
		B. COURSE C	COMPLETION						MPLETION DATE (MM/YYYY)
		Did you	successfully co	mplete the course?				Yes No	/

SEC	CTION 3: EDUCATION continued							
21.	Have you ever attended a POST Basic Course/Academy: Re	gular, Mo	dular, Specia	lized Investiga	ators', Reserve	e, or Dispatche	er? 🗌 Yes 🔲	No
	IF YES, provide the following information:							
21.1	NAME OF COURSE PRESENTER/ACADEMY		FROM	(MM/YYYY)	TO (MM/YYYY)	DID	OU PASS/GRADUATI	
21.1				/	/		☐ Yes ☐ N	0
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICE	R / ACADEMY CC	ORDINATOR	CON	TACT NUMBER	
	NAME OF COURSE PRESENTER/ACADEMY		LEDOM	(MM/YYYY)	TO (MM/YYYY)	(	OU PASS/GRADUATI	E2
21.2	NAME OF COURSE PRESENTEN/ACADEMI		T KOW	/	/	DID	Yes N	
	LOCATION (CITY, STATE)	NAME OF TR	RAINING OFFICE	R / ACADEMY CO	ORDINATOR	CON	TACT NUMBER	
						(	)	
Sup	L plemental POST basic course information included on Page 2	25 🗌						
22.	Have you ever been subject to any disciplinary action, includir from any high school(s), college/university, business, trade sc						Yes 🔲	No
	IF YES, describe in detail below. Starting with high school, list	any and a	ıll disciplinarı	actions receiv	ved in anv sch	nol education	al institution or	
	POST basic course academy. Include when the disciplinary ac							
-								
23.	Since the age of 18, have you cheated on an exam, or assiste	ad another	r nerson in ch	eating on an 6	evam or partic	rinated in		
20.	cheating on any POST exam?						Yes	No
	IF YES, explain circumstances.							
	•							
-								
SEC.	CTION 4: RESIDENCE HISTORY							
	LIST OF RESIDENCE HISTORY							
		15						
			Pood Foot	West etc. on	d unit/ant/dor	mitany). Do No	T uso PO Boyos	
	1641 11 11 11 11 11 11 11					7.7		
	unless you shared individual quarters.	addi ooo, i	iodroot oity, c	iato, ana zip c	, , , , , , , , , , , , , , , , , , ,	not mintary be	madic mates	
•	If more space is needed, continue your response on page 2	25.						
	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (I	MM/YYYY)	TO (MM/YYYY)	
24.1						/	Present	Ċ
	CITY	STATE	ZIP	IF RENTING	: PROPERTY MA	NAGER, RENT C	OLLECTOR, OR OWN	IER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OW	NER (NUMB	ER / STREET / A	PT / PO BOX)		CONTACT NUM	BER	
						( )		
	CITY	STATE	ZIP	EMAIL				
	Name(s) of those with whom you live:							

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SEC	TION 4: RESIDENCE HISTORY continued						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	MM/YYYY)	TO (MM/YYYY)
24.2					/		/
	CITY	STATE	ZIP	IF RENTING: PRO	PERTY MA	ANAGER, RENT CO	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	FR / STREET / APT /	PO BOX)		CONTACT NUMB	SFR
	While the Abbrilled of Fixer Entring Wilder, Rein Golden St., on owner	ir (iromb	ER, OIREET, ATT	10000		( )	, LIC
	CITY	STATE	7ID	EMAIL		,	
		SIAIL	ZIF	LIVIAIL			
	Name(s) of those with whom you lived:						
	, ,						
	Reason for moving:						
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
24.3	,				1	,	1
	CITY	STATE	710	IE PENTING: DROI	PEDTV M/	NIACED DENT CO	LLECTOR, OR OWNER
	CITT	SIAIL	ZIF	IF KENTING. FROM	LIXIIIII	NAGEN, NEIVI CC	DEELECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						( )	
	CITY	STATE	ZIP	EMAIL			
	Nama(a) of those with whom you lived:						
	Name(s) of those with whom you lived:						
	Reason for moving:						
					EDOM ()	*******	T-0 44440000
24.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IIM/YYYY)	TO (MM/YYYY)
					/		/
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	ANAGER, RENT CC	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						( )	
	CITY	STATE	ZIP	EMAIL			
	Name(s) of those with whom you lived:						
	Reason for moving:						
24.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (N	IM/YYYY)	TO (MM/YYYY)
24.0					/		/
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	ANAGER, RENT CC	DLLECTOR, OR OWNER
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER
						( )	
	CITY	STATE	ZIP	EMAIL			
				l			
	Name(s) of those with whom you lived:						
	December were the second secon						
	Reason for moving:						
	Supplemental residence information included on page 25						

cuppionional recidence information moladed on page 20

		RESIDENCE HISTORY continued							
25. L	IST OF HOU								
•		e contact information for all housemates listed in Question 24 with whom you have	have i	resided during the	pas	t 10 yea	ars or si	nce ag	e 15.
•	Do NO	T list anyone for whom you have already provided contact information.							
•	If more	space is needed, continue your response on page 25.							
	NAME OF H	OUSEMATE			CON	TACT NUM	MBER		
25.1	l				(	)			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
	l								
	l	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
25.2	NAME OF F	HOUSEMATE			CON	TACT NUI	MBER		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		(	)	STATE	7ID	
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / AFT)	CITT				SIAIL	ZIF	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
		, , , , , , , , , , , , , , , , , , , ,							
	NAME OF H	∐ ŤOUSEMATE			CON	TACT NU	MBER		
25.3					(	)			
	1	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	I	,	•	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
25.4	NAME OF H	OUSEMATE			CON	TACT NU	MBER		
25.4					(	)			
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY				STATE	ZIP	
		TO STATE OF							
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
	LNAME OF E	iousemate			CON	TACT NU	MDED		
25.5	IVAIVIL OI .	IOOSEWATE			1	)	WIDER		
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY		'	,	STATE	ZIP	
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL					
Supp	olemental i	housemate information included on page 25							
,-,									
26.	Have you	ever been evicted or asked to leave a residence?						Yes	☐ No
27.	Have you	ever left a residence owing rent, utilities, or other household expenses?			• • • • • • • • • • • • • • • • • • • •		Ы	Yes	No
		1/2/2011 Co. 1/2 Co. 1		· V.					
I	f you ansv	vered "YES" to Questions 26 and/or 27, explain (include when, where, and ci	rcums	stances):					

	DB EXPERIENCE AND EMIPLOYMED BEXPERIENCE								
	List <b>ALL</b> jobs you have had, including part	t time temperary self-employm	ont and vo	der	stoor (Regin	with you	r current or most re	cont )	
	If you have military experience, including ran					-		cent.)	
	List <b>ALL</b> periods of unemployment in <b>exc</b>		Dase, assig	JIII	nents, or uni	i ui assig	Jilinent.		
Ů									
•	If more space is needed, continue your re-	sponse on page 25.							
	NAME OF CURRENT EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/Y)	YYY)
28.1							/	,	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	L ΓNUMBER	EXT	
						( )			
	CITY		STATE	ZII	Р	EMAIL			
	JOB TITLE / RANK						CHECK ALL THAT APPL		
							Temp Self-emplo	yed   \	√olunteer
	DUTIES / ASSIGNMENTS				REASON FOR I	LEAVING			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL				
	SUFERVISOR	( )	EAI.	П	EWAIL				
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)	( )							
	2)	( )		$\dashv$					
	Would there be a problem if we contact y	, ,		$\perp$					□ No
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/Y)	YYY)
28.2	☐ Student ☐ Between jobs ☐ Lea	ve of absence	Other:				/	1	/
	NAME OF EMPLOYER OR MILITARY UNIT			_			FROM (MM/YYYY)	TO (MM/Y)	VVV
28.3	NAME OF EMPEOPER OR MILITARY ONLY						/	/ ( V  V ) /	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTAC	Γ NUMBER	EXT	
						( )			
	CITY		STATE	ZI	P	EMAIL			
	JOB TITLE / RANK						CHECK ALL THAT APPL	,	
							Temp Self-emplo	yed L V	/olunteer
	DUTIES / ASSIGNMENTS				REASON FOR I	LEAVING			
	SUPERVISOR	CONTACT NUMBER	EXT.	_	EMAIL				
	SUFERVISOR	( )	EXI.	П	EWAIL				
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL				
	1)	( )							
	2)	( )		$\dashv$					
			<u> </u>						
28.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		1 04				FROM (MM/YYYY)	TO (MM/Y)	
_0.4	☐ Student ☐ Between jobs ☐ Lear	ve of absence ☐ Travel ☐	Other:	_			/	/	

SEC.	TION 5: EXPERIENCE AND EMPLOYM	ENT continued						
28.5	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
20.5							/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT
						( )		
	CITY		5	STATE	ZIP	EMAIL		
	JOB TITLE / RANK				TYPE OF EM	IPLOYMENT (	CHECK ALL THAT APPLY	()
						¬рт □-	Temp ☐ Self-employ	ed  Volunteer
	DUTIES / ASSIGNMENTS				REASON FO			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL			
	00. 2.1110011	( )	27(11					
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL			
		/ \	EAI.		EIVIAIL			
	1)	( )						
	2)	( )						
-							T	
28.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)		1 0.1				FROM (MM/YYYY)	TO (MM/YYYY)
	☐ Student ☐ Between jobs ☐ Leav	re of absence ☐ Travel ☐	Othe	er:			/	/
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
28.7	NAME OF EMPLOYER OR MILITARY UNIT						_	/ (WIW/ + + + + )
							/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT
						( )		
	CITY		8	STATE	ZIP	EMAIL		
	JOB TITLE / RANK						CHECK ALL THAT APPLY	
					☐ FT [	PT -	Γemp ☐ Self-employ	ed Volunteer
	DUTIES / ASSIGNMENTS				REASON FO	R LEAVING		
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL			
		( )						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL			
	1)	( )						
		, ,						
	2)	( )						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)
28.8	☐ Student ☐ Between jobs ☐ Leav		] Othe	\r·			/	1
	☐ Student ☐ Between Jobs ☐ Leav	Tavel	Othe	ži			,	,
-	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
28.9							/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					CONTACT	NUMBER	EXT
						( )		
	CITY		15	STATE	ZIP	EMAIL		
	JOB TITLE / RANK				TYPE OF EM	IPI OYMENT (	CHECK ALL THAT APPLY	()
	000227.00.00						Γemp ☐ Self-employ	
	DUTIES / ASSIGNMENTS				REASON FO		Tomp Deli-employ	- Volunteer
	DOTTES / ASSIGNMENTS				KEASUN FU	IN LEAVING		
	0,000	LOONITACTAIL			<b>5</b>			
	SUPERVISOR	CONTACT NUMBER	EXT.		EMAIL			
		( )						
	NAMES OF CO-WORKERS	CONTACT NUMBER	EXT.		EMAIL			
	1)	( )						
	2)	( )						
		· /						

SECT	TION 5: EXPE	ERIENCE AND EM	PLOYME	NT continued												
	PERIOD OF UNE	MPLOYMENT (CHECK AP	PLICABLE)							FROM (MM/YYYY)	TO (M	M/YYYY)				
28.10	☐ Student	☐ Between jobs	☐ Leave	of absence	☐ Travel	☐ Oth	er:			/		/				
28.11	NAME OF EMPLO	OYER OR MILITARY UNIT								FROM (MM/YYYY)	TO (MM	/YYYY)				
										/	<u> </u>	/				
	ADDRESS (NUME	BER / STREET / SUITE / C	R BASE)						CONTACT	NUMBER	EX	(I				
	CITY					1.	STATE	ZIP	( )							
	CITY					•	DIAIE	ZIP	EWAIL							
	JOB TITLE / RANI	K						TYPE OF EM	PI OYMENT	(CHECK ALL THAT APP	I Y)					
	TOOD TITLE / TO WA								☐ FT ☐ PT ☐ Temp ☐ Self-employed ☐ Volunteer							
	DUTIES / ASSIGN	IMENTS							REASON FOR LEAVING							
	SUPERVISOR		С	ONTACT NUMBE	R	EXT.		EMAIL								
			(	)												
	NAMES OF CO-W	/ORKERS	С	ONTACT NUMBE	R	EXT.		EMAIL								
	1)		(	)												
	2)		1	)												
_				,												
20.42		MPLOYMENT (CHECK AF	,							FROM (MM/YYYY)	TO (MM	/YYYY)				
28.12	☐ Student	☐ Between jobs	☐ Leave	of absence	☐ Travel	Oth	er:			/		/				
	NAME OF EMPLO	YER OR MILITARY UNIT								FROM (MM/YYYY)	TO (MM	(YYYY)				
28.13										1	,	1				
	ADDRESS (NUME	BER / STREET / SUITE / C	R BASE)						CONTACT	NUMBER	EX	T				
									( )							
	CITY						STATE	ZIP	EMAIL							
	JOB TITLE / RANI	K						TYPE OF EM	PLOYMENT	(CHECK ALL THAT APP	LY)					
								☐ FT [	PT	Temp Self-emplo	oyed	Volunteer				
	DUTIES / ASSIGN	IMENTS						REASON FO	R LEAVING							
	SUPERVISOR		(	ONTACT NUMBE	K	EXT.		EMAIL								
	NAMES OF CO-W	IODVEDC	(	ONTACT NUMBE	'D	EXT.		EMAIL								
	1)	TORKERS	(	)	IN.	EAI.		EIVIAIL								
	-		(	,												
	2)		(	)												
	PERIOD OF UNE	MPLOYMENT (CHECK AF	PLICABLE)							FROM (MM/YYYY)	TO (MM	YYYY)				
28.14	☐ Student	☐ Between jobs	☐ Leave	of absence	☐ Travel	Oth	er:			/		/				
Supi	ı olemental empl	oyment information	included o	n Page 25	]											
		been disciplined at v				formal	letters	of counseling								
		spensions, reduction								[	Yes	☐ No				
00 1	love very ever	haan firad ralaasad	from probe	ation or colvo	d to region fro		ologo of	f amplaymant	2	Г	7 Vaa	ПМо				
30. 1	have you ever	been fired, released	from proba	ation, or asked	a to resign iro	om any	place of	remployment	<i>?</i>		Yes	∐ No				
31. \	Were you ever	involved in a physica	al/verbal alt	tercation with	a supervisor	, co-wor	ker, or	customer?		[	Yes	□No				
32. l	Have you ever	quit without giving p	roper notice	e?						[	Yes	□No				
33. I	Have you ever	resigned in lieu of te	rmination?							[	Yes	□ No				
	•	been accused of dis superior, subordina		*						_	Yes	□No				

SE	CTION 5:	: E)	XPERI	ENCE	AN	D EN	IPLO`	YME	NT c	ontini	ued															
35.	Were yo	ou e	ver the	subje	ct of	a writ	ten co	mpla	int at	work	k that	result	ted in	disci	plinary	ac	tion agair	nst yo	ou?					🔲 Ye	es	□No
36.	Have yo	ou e\	ver bee	n cour	nsele	ed at v	work d	lue to	later	ness	or abs	sence	es?											🔲 Ye	es	□No
37.	Did you	ı eve	r receiv	ve an ı	unsat	tisfac	tory pe	erforn	nance	e revi	iew?													🗌 Ye	es	□No
38.	Have yo	ou e\	ver solo	d, relea	ased,	, or gi	ven a	way le	egally	y con	ıfident	tial inf	forma	tion?										🔲 Ye	es	□ No
39.	Have yo	ou e	ver call	ed in s	sick v	vhen	you w	ere n	eithe	r sick	c nor c	aring	for a	sick	family	me	ember?							🔲 Ye	es	☐ No
	IF YES,	, hov	v many	sick d	lays l	have	you us	sed ir	n the	past f	five y	ears \	which	were	not d	ue 1	to illness?	? _		Days						
40.	parts of	ano	ther pe	erson v	while	worki	ing (i.e	e. on (	duty)	? (NC	OTE: I	Do no	ot incl	ude /	awful d	con	rranted to tact such	as p	at sear	ches in	ı la	W		🗌 Ye	es	□ No
41.	to co-wo	orkei	rs or ot	ther pe	erson	s with	nout pr	rior au	uthori	izatio	on and	d/or co	onser	t? (N	IOTE:	Do	wing nudi not includ	de la	wful ex	change	e of			🔲 Ye	es	□No
	If you an	nswe	red "YI	ES" to	any	of <b>Q</b> u	estio	ns 29	9–41,	expla	ain (in	nclude	e whe	n, wh	nere, a	nd	circumsta	nces	s – refe	rence o	cori	respo	nding	numbe	ers).	
Cur	plementa	ol on	nnloven	ont in	form	otion	inalus	dod o	n Dos	2F																
42.	In the pa		-			you m	nissed	days	s or be	een la	ate to	work	due '	to dru	ug or a	lco	hol consu	mpti	on?					∐ Ye	es	∐ No
43.	Has you	ur wc	ork perf	formar	nce e	ver b	een af	ffecte	ed by	your	use o	of alco	ohol o	r drug	gs?									🔲 Ye	es	☐ No
	IF YES,	, whe	en? _								N	lame	of em	ploye	er:											
44.											employ	yer ab	oout y	our d	lrinking	g or	drug hab	its a	nd thei	r impac	ct				es	□No
	IF YES,	, whe	en? _	<u> </u>							N	lame	of em	ploye	er:		_									
45.	Have yo	ou <b>e</b> i	<i>ver</i> apr	olied fo	or <b>an</b>	<b>y</b> pos	ition a	ıt this	or ar	ny oth	her lav	w enfo	orcen	nent a	agency	/ (ci	ity, county	/, sta	te, or f	ederal)	?			\ Ye	es	□No
	• If yo	ou ar	nswere	d "YES	S" <b>to</b>	Que	stion 4	<b>45</b> , lis	st <b>EV</b> I	ERY	agend	су уог	u hav	e app	olied to	, st	tarting wi	ith th	ne mos	t recer	nt.					
	• Give	e cor	mplete	and a	ccura	ate ac	Idress	es.																		
	• All a	ager	ncies M	/IUST	be li	sted	regard	aless	of th	ne ou	utcom	e or	curre	nt st	atus. (	Che	eck all bo	xes	that ap	oply fo	r ea	ach a	genc	y.		
	• If mo	ore s	space i	is need	ded, (	contir	nue yo	our res	spons	se on	n page	<del>25</del> .														
45.1		OF LA	W ENFO	RCEME	NT AC	SENCY																DATE A	PPLIE	D (MM/YY	YYY)	
45.1		-00 (1		/ OTDE															B 4 0 1 ( 0	DOLING.		TOTIO	TODIC	/	FIAI	O(A/A))
	ADDRES	:55 (N	NUMBER	STREE	=1)														BACKG	ROUND	INVE	:STIGA	ATOR'S	S NAME (I	F KN	OWN)
	CITY														STATE	<b>=</b>   2	ZIP		CONTA	CT NUMI	BER				EX	τ
																			(	)						
	POSITIO	ON AF	PPLIED F	-OR												E	EMAIL									
			H STEP I	IN THE F																						
	STEP:		App				tten											•					al	Condi	ition	al Offer
	STATU	US:	Hire	ed _	J On	Eligib	ility Lis	st ∟	_ With	ndrew	N L	Disq	ualifie	d L	_ List E	=xp	ired 📙	Othe	er (expl	ain)		_				

SECT	ION 5: EXPERIENCE AND EMPLOYMENT continued											
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)						
45.2					/							
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)						
	,					,						
	CITY	STATE	7ID	CONTACT NUMBI	-D	EXT						
	VIII	SIAIE	ZIF		-11	LAI						
				( )								
	POSITION APPLIED FOR		EMAIL									
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:			. 🗆								
	STEP: Application Written Physical Ability Oral Poly					ional Offer						
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired	er (explain)								
					_							
45.3	NAME OF LAW ENFORCEMENT AGENCY  DATE APPLIED (MM/YYYY)											
40.0					/							
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)						
	CITY	STATE	ZIP	CONTACT NUMBI	ER	EXT						
				( )								
	POSITION APPLIED FOR		EMAIL									
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:											
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground 🔲 Chi	ef's Oral	ional Offer						
	STATUS: Hired On Eligibility List Withdrew Disqualified											
	on Englishing List	] LIST LA	piredOur	or (explain)	<del>_</del>							
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	Y)						
45.4					/							
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	<u> </u>  VESTIGATOR'S NAME (IF	KNOWN)						
	CITY	STATE	ZIP	CONTACT NUMBI	ER .	EXT						
				( )								
	POSITION APPLIED FOR		EMAIL	,								
			-									
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED. AND YOUR STATUS:											
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA  Back	ground $\square$ Chi	ef's Oral	ional Offer						
	STATUS: Hired On Eligibility List Withdrew Disqualified List Expired Other (explain)											
	, , , , , , , , , , , , , , , , , , ,											
	NAME OF LAW ENFORCEMENT AGENCY	_			DATE APPLIED (MM/YY)	(Y)						
45.5					DATE APPLIED (MM/YY)	<b>′Y</b> )						
45.5				BACKGROUND IN	DATE APPLIED (MM/YYY) / VESTIGATOR'S NAME (IF	,						
45.5	NAME OF LAW ENFORCEMENT AGENCY			BACKGROUND IN	1	,						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)	STATE	7IP		/ VESTIGATOR'S NAME (IF	KNOWN)						
45.5	NAME OF LAW ENFORCEMENT AGENCY	STATE	ZIP	CONTACT NUMBI	/ VESTIGATOR'S NAME (IF	,						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)  CITY	STATE			/ VESTIGATOR'S NAME (IF	KNOWN)						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)	STATE	ZIP	CONTACT NUMBI	/ VESTIGATOR'S NAME (IF	KNOWN)						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)  CITY  POSITION APPLIED FOR	STATE		CONTACT NUMBI	/ VESTIGATOR'S NAME (IF	KNOWN)						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)  CITY  POSITION APPLIED FOR  CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		EMAIL	CONTACT NUMBI	VESTIGATOR'S NAME (IF	KNOWN)  EXT						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)  CITY  POSITION APPLIED FOR  CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:  STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL  EVSA Back	CONTACT NUMBI	VESTIGATOR'S NAME (IF	KNOWN)  EXT						
45.5	NAME OF LAW ENFORCEMENT AGENCY  ADDRESS (NUMBER / STREET)  CITY  POSITION APPLIED FOR  CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C	EMAIL  EVSA Back	CONTACT NUMBI	VESTIGATOR'S NAME (IF	KNOWN)  EXT						

SECT	TION 5: EXPERIENCE AND EMPLOYMENT continued									
45.6	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y)	(YY)				
	ADDRESS (NUMBER / STREET)	BACKGROUND IN	/ IVESTIGATOR'S NAME (I	IF KNOWN)						
	, , , , , , , , , , , , , , , , , , , ,				(	,				
	CITY	STATE ZIP OR EMAIL								
				( )						
	POSITION APPLIED FOR		EMAIL							
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:									
	STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer									
	STATUS: Hired On Eligibility List Withdrew Disqualified	J List Ex	pired	er (explain)	<del></del>					
45.7	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/Y)	(YY)				
45.7					/					
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (	IF KNOWN)				
	CITY	STATE	ZIP	CONTACT NUMBER	ER	EXT				
				( )						
	POSITION APPLIED FOR		EMAIL							
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED. AND YOUR STATUS:									
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA 🔲 Backo	ground 🔲 Chi	ief's Oral 🔲 Cond	itional Offer				
	STATUS: Hired On Eligibility List Withdrew Disqualified	List Ex	pired Othe	er (explain)						
	Supplemental employment information is included on Page 25									
SEC	TION 6: MILITARY EXPERIENCE									
	Are you required to register for the Selective Service?					es $\square$ No				
	IF YES, have you registered?									
					······ · · · · · · · · · · · · · · · ·	00 🗀 140				
	IF NO, explain:									
47.	Have you ever served in the military?				Y	es No				
	16 VEO! 1- O									
48.	If you answered "YES" to Question 47, include the following service informat BRANCH OF SERVICE	ion:		FROM (MM/YYY	Y) TO (MM/Y	YYY)				
	SWINGTON SERVICE			/	1) I O (IVIIVI) I	/				
	TYPE OF DISCHARGE			_	_					
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Oth	er than	Honorable)	☐ Bad Condu	ıct Dishonora	able				
	Re-entry Code (1–4) if applicable – refer to your DD-214:									
49.	Are you currently participating in one of the following?									
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation	on ends	(MM/DD/YY):							
50.	Have you ever been the subject of any judicial or non-judicial disciplinary act	ion (suc	h as, court mar	tial, captain's m	nast,					
	office hours, company punishment)?				Y	es No				
51.	Were you ever denied a security clearance, or had a clearance revoked, sus	pended	, or downgraded	d?	Y	es No				
52.	Have you ever taken military property without permission for personal use, to	sell. or	to give away?			es No				
					······································					
	If you answered "YES" to any of Questions 50-52, explain (include dates an	d circur	nstances).							
_										
_										
Supi	plemental military information included on Page 25									

		7: FINANCIAL			
53.	INCOM	E AND EXPENSES			
	• Fo	r each of the following questions (53A and B), fill in the amounts to the nearest dollar.			
	• Fo	r Question 53A: Provide your total monthly disposable income. Include money from investments, rental income, a	alimony	, side busin	esses, etc.
		r Question 53B: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments	ents, fo	od, gas and	car
	ma	intenance, entertainment, etc., as well as any other obligations you may have.			
		A) What is your total monthly disposable income?	\$	per r	month
		B) How much do you spend each month?	\$_	per r	nonth
54.	Have	you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?		Yes	☐ No
55.	Have	any of your bills ever been turned over to a collection agency?		Yes	☐ No
56.	Have	you ever had purchased goods repossessed?		Yes	☐ No
57.	Have	your wages ever been garnished?		Yes	☐ No
58.	Have	you ever been delinquent on income or other tax payments?		Yes	☐ No
59.	Have	you ever failed to file income tax or cheated/lied on an income tax form?		Yes	☐ No
60.	Have	you ever had an employment bond refused?		Yes	□No
61.	Have	you ever avoided paying any lawful debt by moving away?		Yes	☐ No
62.	Have	you ever defaulted on (failed to pay) a loan?		Yes	☐ No
63.		you ever borrowed money to pay for a gambling debt?			☐ No
	IF YE	S, do you currently have any outstanding debts as a result of gambling?		Yes	☐ No
64.	Have	you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)	)?	Yes	☐ No
65.	Have	you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?		Yes	☐ No
66.	Have	you written three or more bad checks in a one-year period?		Yes	☐ No
	If you	answered "YES" to any of <b>Questions 54-66</b> , explain (include when, where, and why – reference corresponding n	umbers	<del></del> s).	
				,	

POST 2-251 (Rev 2/2018)

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# Disclosure of Arrests and Convictions

• This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.

•	If more space is needed, continue your response on page 25.								
	Have you <b>EVER</b> been detained by law enforcement for investigation misdemeanor or felony offense in this state or any other legal jurisdi of Military Justice)?  IF YES, explain each incident:	iction (including offenses	s in the Uniform Code	□No					
67.1		APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY						
	DISPOSITION OR PENALTY	/							
67.2		APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY						
	DISPOSITION OR PENALTY	,							
Supp	plemental disclosure information included on Page 25								
68.	Have you ever been placed on court probation?		Yes	□No					
	Were you ever required to appear before a juvenile court for an act committed as an adult?			□No					
	Have you ever been a party in a civil lawsuit (e.g., small claims actic support, etc.)?			□No					
71.	Have the police ever been called to your home for any reason?		Yes	No					
72.	Have you or your spouse/partner ever been referred to Child Protect	tive Services?	Yes	☐ No					
73.	Have you ever been the subject of an emergency protective order/re	estraining order/stay-awa	ay order? Yes	☐ No					
	Have you settled any civil suit in which you, your insurance company to make payment to the other party?			□No					
75.	Have you ever fraudulently received welfare, unemployment competer or federal assistance?		ensation, or other state	□No					
	Have you ever been required to repay any welfare payments, unem federal assistance?			□No					
77.	Have you ever filed a false insurance or workers' compensation claim	m?	Yes	□No					
	If you answered "YES" to any of <b>Questions 68-77</b> , explain (include numbers). If more space is needed, continue your response on page		, dates, and circumstances – reference corresp	oonding					

SECT	FION 8: LEGAL continued		
► In	volvement in Criminal Acts – Part 1		
78. H	Have you committed any of the following acts within the past seven (7) years? (You do NOT have to report any acts committed any of the following acts within the past seven (7) years?	prior to	age 15.)
•	You <b>MUST</b> include any acts committed at any time after you were first employed in law enforcement, including as a Police Exploration Cadet.  NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal relieved you from reporting the detention, arrest, or conviction that arose from it.		e law
78.1	Animal abuse and/or neglect	] Yes	No
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	] Yes	☐ No
78.3	Battery (use of force or violence upon another)	Yes	□ No
78.4	Brandishing a weapon (any type of weapon)	] Yes	☐ No
78.5	Carrying a concealed weapon without a permit	] Yes	□No
78.6	Contributing to the delinquency of a minor	] Yes	□No
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	] Yes	☐ No
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs	Yes	□No
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	] Yes	□No
78.10	Filing a false police report	] Yes	☐ No
78.11	Hit & run collision (no injuries)	] Yes	☐ No
78.12	Illegal gambling	Yes	☐ No
78.13	Illegal hunting and/or fishing (for example, without a license, out of season)	] Yes	☐ No
78.14	Impersonating a peace officer (pretending to be a police officer)	] Yes	☐ No
78.15	Indecent exposure and/or lewd or obscene conduct	Yes	☐ No
78.16	Intentionally writing a bad check	Yes	☐ No
78.17	Joyriding (using a car or other vehicle without owner's permission)	] Yes	☐ No
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	Yes	☐ No
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags)	] Yes	☐ No
78.20	Possession of alcohol as a minor (under the age of 21)	] Yes	☐ No
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	] Yes	☐ No
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	] Yes	□No
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	] Yes	□No
78.24	Reckless driving	] Yes	□No
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	Yes	□No
78.26	Trespassing	Yes	□No

SECT	FION 8: LEGAL continued	
78.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	□No
78.28	Any other act amounting to a misdemeanor	□No
•	If you answered "YES" to <b>ANY</b> of the item(s) in <b>Question 78</b> , fully explain circumstances, including dates, names of individuals involve and resolution. <i>Reference the corresponding number (e.g., 78.5) for each explanation.</i>	ed,
•	If more space is needed, continue your response on page 25.	
_		
Suppl	lemental legal information included on Page 25	
► In	volvement in Criminal Acts – Part 2	
79.	At any time in your life, have you EVER committed any of the following acts?	
	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state elieved you from reporting the detention, arrest, or conviction that arose from it.	law
79.1	Arson (intentionally destroying property by setting a fire)	□No
79.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	□ No
79.3	Blackmail or extortion Yes	□No
79.4	Burglary (entering a structure or vehicle to commit theft or other crime)	□No
79.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	□No
79.6	Elder abuse and/or neglect (physical and/or financial)	□No
79.7	Embezzlement (theft of money or other valuables entrusted to you)	□No
79.8	Felony drunk driving (involving injuries)	□No
79.9	Felony illegal sex acts	□No
79.10	Forcible rape Yes	□No
79.11	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
79.12	Fraudulent use of a credit, ATM, debit, and/or check card	□No
79.13	Grand theft (value of over \$950, automobile, any firearm)	□No
79.14	Hit & run (with injuries)	☐ No
79.15	Hate crime Yes	□No
79.16	Insurance fraud	□No
79.17	Murder, homicide, attempted murder, or assault with intent to commit murder	□No
79.18	Perjury (lying under oath) Yes	□No
79.19	Possession of an explosive/destructive device Yes	□No
79.20	Robbery (theft from another person using a weapon, force, or fear)	□No

SECTIO	DN 8: LEGAL continued	
79.21	Stalking	Yes No
79.22	Theft of a vehicle and/or vehicle parts	Yes No
79.23	Viewing and/or possessing child pornography	Yes No
79.24	Any other act amounting to a felony	Yes No
	If you answered "YES" to ANY of the item(s) in Question 79, fully explain	
	and resolution. Reference the corresponding number (e.g., 79.3) for each lf more space is needed, continue your response on page 25.	explanation.
► Illeg	al Use of Drugs	
80. <i>Wi</i>	Barbiturates ( <i>Downers</i> ) Cocaine / Crack Cocaine Designer Drugs ( <i>Ecstasy</i> , <i>Synthetic Heroin</i> , etc.)	ance for the purpose of getting "high."  of the following:  Marijuana (with or without a prescription)  Mescaline  Morphine  PCP / Angel Dust  Quaaludes  Steroids  Tetrahydrocannabinal (THC)  Glue, paint, or any substance containing toluene  ?
81. <i>Pr</i>	ior to the past six months:	
	I have <i>never</i> used any drug recreationally.	
	I have tried or used one or more drugs, but only under <i>limited</i> circumstatevents, etc.)	ances (for example, experimentation, at parties, concerts, special
IF`	YOU CHECKED BOX 2, give details including drug(s) used, most recen	t date used, and circumstances:

SEC	CTION 8: LEGAL	_ continued					
82.		engaged in any of the ac				s, including marijuana and/or prescrip :	ption
	Sold	☐ Manufactured	Purchased	Furnished	Cultivated	Carried or Held for Another	
	IF ANY ITEM IS (	CHECKED, give details in	ncluding <b>drug(s) invol</b>	ved, over what ti	me period(s), and circu	imstances.	
83.		Five years, have you assorted drugs or narcotics, and					No
Sup	plemental drug int	formation included on Pa	ge 25 🗌				
SEC	CTION 9: MOTO	R VEHICLE INFORMA	TION				
84.	Current Driver's L						
	STATE OF ISSUE	LICENSE NUMBER		DATE (MM/DD/YYYY) /	NAME UNDER WHICH LICEN	ISE WAS GRANTED	
					I		
85.		where you have been lice			NAME UNDER WHICH LICEN	ISE WAS GRANTED	
		·					
86.		een refused a driver's lice				Yes	No
87.	-	license ever been suspe				Yes	No

SEC	TION 9: MOTOR VEHICLE INFORMATION conti	nued						
88.	List your current liability insurance on your vehicle(s).							
88.1	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y)	YYY)	VEHICLE LIC	CENSE	
00.1	☐ Insured ☐ Bonded ☐ Cash Deposit							
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (N	IM/DD/YYYY)
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
	,						( )	
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y	(YY)	VEHICLE LIC	CENSE	
88.2	☐ Insured ☐ Bonded ☐ Cash Deposit							
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (M	IM/DD/YYYY)
							/ /	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (Y)	(VV)	VEHICLE LIC	( )	
88.3	☐ Insured ☐ Bonded ☐ Cash Deposit	VEHICLE WARE		TEAR (T	111)	VEHICLE LIC	DENSE	
	INSURANCE COMPANY		POLICY NUMBER				EXPIRATION DATE (M	1M/DD/YYYY)
							/ /	
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER	
							( )	
89.	Have you received any traffic citations, excluding par	king citations. withir	the past seven ve	ars.	Yes	□ No <i>If</i>	YES, give details	below.
	NATURE OF VIOLATION		N (STREET)		CITY		2,3	STATE
89.1								
		CTION TAKEN			] T (C)	- 0-11	□ Diamina	1
	Month: Year:	☐ Not Guilty	Fined N (STREET)	L	CITY	c School	Dismiss	ed STATE
89.2	NATURE OF VIOLATION	LOCATION	N (SIREEI)		CITT			STATE
	DATE VIOLATION OCCURRED A	CTION TAKEN						
	Month: Year:	☐ Not Guilty	Fined		Traffi	c School	☐ Dismiss	ed
89.3	NATURE OF VIOLATION	LOCATION	N (STREET)		CITY			STATE
03.3	DATE VIOLATION COOLIDATE	CTION TAKEN						
	DATE VIOLATION OCCURRED  Month:  Year:	□ Not Guilty	☐ Fined	Г	l Traffi	c School	Dismiss	ed
90.	Has a traffic citation ever resulted in a warrant or cau	sed your driver's lice	ense to be withheld d	lue to the	followi	ng (check a	all that apply):	
	☐ Failed to Appear ☐ Failed	ed to Complete Traffi	ic School	ailed to F	ay the	Required F	Fine	
	IF CHECKED, explain circumstances:							
91. H	Have you been involved as the driver in a motor vehic	le accident <i>within th</i>	he past seven year:	<b>s</b> ?			Yes	☐ No
I	F YES, give details below.							
91.1	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY				STATE
91.1	/	OV		AT 541		Lucia	THE ACCIDENTS	
	POLICE REPORT LAW ENFORCEMENT AGEN	υY		AT FAULT?		_	THE ACCIDENT?  Injury Non	-iniury
	DATE OF ACCIDENT (MM/YYYY) LOCATION (STREET)			CITY	,			STATE
91.2	/							
	POLICE REPORT LAW ENFORCEMENT AGEN	CY		AT FAULT?			THE ACCIDENT?	1
	☐ Yes ☐ No			☐ Ye	1 🔲 a	No [	☐ Injury ☐ Non	-injury

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SEC	SECTION 9: MOTOR VEHICLE INFORMATION continued				
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE	
91.3	/				
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT? WAS THE ACC	DIDENT?	
	☐ Yes ☐ No		☐ Yes ☐ No ☐ Inju	ry Non-injury	
		<u> </u>		<del>,                                    </del>	
92.	Have you ever driven a vehic	cle without auto insurance, as required by law?		Yes No	
<u> </u>	IF YES, GIVE REASON	The mineral date medicance, as required by law.	FROM (MM/YYYY)	TO (MM/YYYY)	
	.,.		,	/	
93	Have you ever been refused automobile liability insurance or a bond, or had them cancelled?				
00.	IF YES, GIVE REASON   DATE (MMYYYY)				
				/	
		INSURANCE COMPANY		·	
Cum	nlamantal matar vahiala infa	emotion included on page 25			
Supplemental motor vehicle information included on page 25					
SECTION 10: OTHER TOPICS					
94.	Have you ever been refused	a permit to carry a concealed weapon?		□Yes □No	
34.					
95.		er been, a member or associate of a criminal ent			
		nst individuals because of their race, religion, pol	litical affiliation, ethnic origin, nationality,	□Yes □No	
	<u> </u>			165 100	
96.		ave you ever used force or violence against anot		□Yes □No	
	romantic or intimate relationship with, or who resided in the same household as you?				
97.	Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?				
98.	Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang,				
30.	or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic				
	origin, nationality, gender, se	xual preference, or disability?		Yes No	
	If you answered "YES" to any of Questions 94–98, give details including dates and circumstances – reference corresponding numbers).				
SECTION 11: CERTIFICATION					
99	I hereby certify that I have	nersonally completed and initialed each nage	of this form and any attached supplemental na	ne(s) and that all	
33.	99. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fa				
		on; or, if I have been appointed, may disqualify			
	•				
1					
	Signature in Full: ▶		Date:		
	Oignature III Full.		Date.		

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

SUPPLEMENTAL INFORMATION			
•	Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.		
•	You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.		